

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1901

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **7686**

Registration District No. **658**

Primary Registration District No. **6875**

Registrar's No.

1. PLACE OF DEATH:

(a) County **Perry**  
(b) City or town **Rural** **Saline**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution (Specify whether)  
In this community years, months or days

3. (a) PRINT FULL NAME **Mary L. Elder**

8. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **John Elder** 6. (c) Age of husband or wife if alive years

7. Birth date of deceased **June 20 1852**  
(Month) (Day) (Year)

8. AGE: Years **87** Months **6** Days **26** If less than one day hr. min.

9. Birthplace **Perry Co. Mo**  
(City, town, or county) (State or foreign country)

10. Usual occupation **House Wife**

11. Industry or business

12. Name **Clem. J. Fenwick**

13. Birthplace **Perry Co. Missouri**  
(City, town, or county) (State or foreign country)

14. Maiden name **Cecelia Moore**

15. Birthplace **Perry Co. Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Mary Elder**

(b) Address **Perryville Mo**

17. (a) **Burial** (b) Date thereof **Feb. 17 1940**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Perryville Mo.**

18. (a) Signature of funeral director **Wm. J. Lums**

(b) Address **Perryville Mo.**

19. (a) **Feb. 17-1940** (b) **J. S. F. Wrapp** 533  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Perry**  
(c) City or town **Rural**  
(If outside city or town limits, write "RURAL")  
(d) Street No. (If rural, give location)  
(e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** **15** day  
year **1940** hour **9** minute **P.** M.

21. I hereby certify that I attended the deceased from **March 15**, 19**33** to **Feb 15**, 19**40**;  
that I last saw **HER** alive on **Feb. 10**, 19**40**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary occlusion** Duration **1 week**

Due to **Coronary sclerosis** 2 yrs  
Due to **Hypertension** 7 yrs

Other conditions **Amylase** 946  
(Include pregnancy within months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

40 Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work (Specify type of place) (c) Means of injury

23. Signature **Oscar A. Lums** (M. D. or other)

Address **Perryville Mo** Date signed **2-16-40**

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**